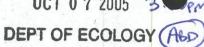
RECEIVED

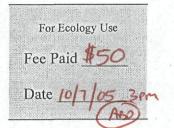
OCT 0 7 2005 3







State of Washington



Application for a Water Right
Please follow the attached instructions to avoid unnecessary delays.

Section	1. APPL	ICANT -	PERSO	N, ORGA	NIZA'	ΓΙΟΝ, OR	WAT	ER SY	STEM
Name	Dona	ld +K	athlea	en We	ber	_ Home Tel:	360)	158-7	155
Mailing Ad	dress 29	45 Ha	axton	Way	<u> </u>	_ Work Tel:(_			
						FAX:(_			
	2. CONT	4	ERSON	TO CAL	L ABO	UT THE A	PPLI	CATIO	ON
Name	G	ene K	mapp)		_ Home Tel:(_		- 1	
Mailing Ad	dress Po	Box	5008			_ Work Tel:	607	33-0	212
City Bol	iengho	s s	tate <u>WA</u> Z	Cip+4_982	17+5	008 FAX:(360)7	38 - 2	341
Relationshi	p to applican	nt Atto	mey						
Section	3. STAT	EMENT	OF INT	ENT	211 MILHAM WA				
of	maximum and if the water	HE PLACE	OF USE. (to be used osed for a short to	in acre-feet port-term pro	per year:	OTE: A tax pa	rcel nui	nber or a	minute or for the purpose(s) GAL'' plat number is no water will be need
	CE WATE				If GRO	DUNDWATE	R		
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions:				A permit is desired for well(s).					
Source flows into (name of body of water):					Size & depth of well(s): Net drilled yet,				
LOCATIO	ON F			900 See 16	est	imate	6"	Xb	elow sea les
Enter the section co	north-south	and east-w	est distanc	es in feet fro	om the p	oint of divers	ion or	withdraw	val to the nearest
1/4 of	1/4 of	f Section	Township R	Range(E/W)	County	If location of source is platted, complete below:			
							Lot	Block	Subdivision
NW	SW	27	38	Œ	W	hatcom	2		Cryea Show
For Ecology Us		ceived: 10	7/65	Prior	ity Date:	/4/7/05 Of Health#			

Appl. No.: 61-28321

Se	ction 5. GENERAL WATER SYSTEM INFORMATION							
A.	Name of system, if named:							
B.	Briefly describe your proposed water system. (See instructions.)							
	the same of the sa							
	The state of the s							
	- Aug Providencity							
C.	Do you already have any water rights or claims associated with this property or system? PROVIDE DOCUMENTATION.							
301525100 mil	ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)							
A.	Number of "connections" requested: Type of connection How							
В.	(Homes, Apartment, Recreational, etc.) Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.							
Con	aplete C. and D. only if the proposed water system will have fifteen or more connections.							
C.	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan.							
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.							
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.)							
A.	Total number of acres to be irrigated:							
В.	List total number of acres for other specified agricultural uses:							
	UseAcres							
	Use Acres Use Acres							
C.	Total number of acres to be covered by this application:							
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).							
	 Is the combined acreage greater than 6000 acres? Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no: 							
E.	Farm uses: Stockwater - Total # of animals Animal type (If dairy cattle, see below) Dairy - # Milking # Non-milking							

Section 10. REQUIRED MAP A. Attach a map of the project. (See instructions.) Section 11. PROPERTY OWNERSHIP A. Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s): B. Does the applicant own the land on which the water source is located? If no, submit a copy of agreement: Recriffy that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me. Applicant (or authorized representative) Date Date	Will y	ou be using a dam, dike, or other structure to retain or store v	vater?	□ YES X NO
Provide detailed driving instructions to the project site. Take the Slater lead with (exit 260 - fowerd Cummi Island) Turn left onto Slater Read Turn left onto Slater Read Turn left onto Hatton way Section 10. REQUIRED MAP A. Attach a map of the project. (See instructions.) Section 11. PROPERTY OWNERSHIP A. Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s): B. Does the applicant own the land on which the water source is located? If no, submit a copy of agreement: It certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me. Applicant (or authorized representative) Date	some p	ortion of the storage will be above grade, you must also apply for	ater depth will be a reservoir permit.	10 feet or more at the deepest point, and You can get a reservoir permit
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	proces monite emplo	is my application, I grant staff from the Department of Ecoring purposes. Even though I may have been assisted in yees of the Department of Ecology, all responsibility for the ant (or authorized representative)	cology access to the preparation ne accuracy of t	the site for inspection and of the above application by the
	Cando		Date	

Section 8. WATER STORAGE

V. Start Santa Start		
We are returning your application for the following r Examination fee was not enclosed	eason(s):	APPLICANT PLEASE RETURN
a de la companya de l		TO CASHIER PO BOX 5128
Section number(s)ncomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information requested (d)	above and return your ap ate).	plication by
cology staff	Date	

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).



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Assessor





Parcel Tax Summary Summa	Tax y Detail	Assessment/History	Appeals/Permits/Sales	Building Details	Map List
-----------------------------	-----------------	--------------------	-----------------------	---------------------	-------------

380127 496080 0000

Site address: 2945 HAXTON WAY

Legal LOT 2 CRUEA SHORT PLAT AS REC

Description:

BOOK 2 SHORT PLATS PG 116

Owner:

DONALD R & KATHLEEN K WEBER

2945 HAXTON WAY

BELLINGHAM WA 98226-9265

Taxpayer:

DONALD R & KATHLEEN K WEBER

Property Characteristics

Assessed Value **Total Acres**

Land:

130,000

Imp: Total: 191,200 321,200

Land Use:

1113 RESIDENTIAL 3 BEDROOM

Tax Dist:

2060 502 F8

Zoning:

RES RURAL 1DU/A

Tax Status: TAXABLE

F/P?

1.73

F/P Ac:

.00

Exempt Prog:

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